From: 8064986673

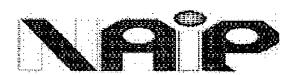
To: 00215712738300

Page: 1/2

Date: 2005/7/29 上午 10:20:30

## RECEIVED CENTRAL FAX CENTER

JUL 2.8 2005



## North America Intellectual Property Corporation

P.O. BOX 506, Merrifield, VA 22116, U.S.A.

Voice Mail: 302-729-1562

FAX: 806-498-6673

e-mail:winstonhsu@naipo.com

Customer No.: 27765

Fax To: UMEZ ERONINI, LYNETTE T

**Art Unit: 1765** 

Tel: (571) 272-1470

Fax: (571) 273-8300

(571) 273-1470

From: Winston Hsu, Registration No. 41,526

Serial No.: 10/707,986

Attorney Docket No.: NAUP0374USA3

Subject: AUTHORIZATION TO ACT IN A REPRESENTATIVE

**CAPACITY** 

Total Pages: 2 pages (including cover page)

Winston Hsu 7/29/2005

NAUP0374USA3

From: 8064986673

To: 00215712738300

Page: 2/2

Date: 2005/7/29 上午 10:20:31 RECEIVED CENTRAL FAX CENTER

JUL 2 8 2005

Sample Form (09-04)

## AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of: CHIH-NING WU				
Application No. 10/707,986				
Filed: 01/29/2004				
Title: EXTRUSION-FREE WET CLEANING PROCESS FOR COPPER-DUAL DAMASCENE STRUCTURES				
Attorney Docket No.  NAUP0374USA3  Art Unit: 1765		·		
The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:				
	Name		F	Registration Number
Scot	tt Margo		56,277	,
		•	_	
This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the abovenamed practitioner should be executed and filed in the United States Patent and Trademark Office.				
SIGNATURE of Practitioner of Record				
Signature			]	Datc 07/29/2005
Name Winston Hsu			Registration No., if applicable 41,526	
Telephone	302-729-1562			
This form offers		- Co- MDED 6 740 00		Annualis This annual form in an annual form

This form offers a sample or suggested format for an authorization for an agent. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.